

## **General Dental Practice Inspection (Announced)**

Brecon Road Dental Surgery /  
Aneurin Bevan University Health  
Board.

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2019

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## Contents

1.	What we did .....	5
2.	Summary of our inspection .....	6
3.	What we found .....	8
	Quality of patient experience .....	9
	Delivery of safe and effective care .....	15
	Quality of management and leadership .....	23
4.	What next? .....	26
5.	How we inspect dental practices .....	27
	Appendix A – Summary of concerns resolved during the inspection .....	28
	Appendix B – Immediate improvement plan .....	29
	Appendix C – Improvement plan .....	31

**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

**To check that people in Wales receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **Our priorities**

**Through our work we aim to:**

**Provide assurance:**

**Provide an independent view on the quality of care**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice**

**Influence policy and standards:**

**Use what we find to influence policy, standards and practice**

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Brecon Road Dental Surgery, Brecon Road, Abergavenny, Monmouthshire, NP7 5UG, within Aneurin Bevan University Health Board on the 16 September 2019.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that Brecon Road Dental Practice was working hard to provide a high quality experience to their patients.

We saw evidence that various maintenance contracts were in place to ensure the environment and facilities were safe and well maintained. The environment provided good quality facilities for staff and patients.

Decontamination procedures were aligned to the necessary guidance and regular checks of the equipment and decontamination processes were taking place.

Staff were up to date regarding their training and systems were in place to ensure staff were supported in their role.

The practice must review its arrangements for the storage of clinical waste and ensure it is stored in line with best practice guidelines

This is what we found the service did well:

- Staff were polite and professional when speaking to patients and visitors.
- The practice had a variety of well organised policies and procedures in place to support staff in providing safe and effective care to patients.
- Suitable facilities were in place for staff to change and securely store their possessions.
- The service had a good system in place for patients to provide feedback.
- All areas of the practice were neat and very clean.

This is what we recommend the service could improve:

- The practice requires a better system for monitoring stock and disposing of out of date items.

- Staff need to ensure personal protective equipment (PPE) is worn at all times.
- All staff are required to undertake appropriate training in fire safety.
- Team meetings need to be formalised and minutes circulated to absentees.
- Patient dignity and privacy need to be better protected when receiving treatments.
- All staff must have sufficient training in the safeguarding of children and adults.
- Improvement is needed for patient records to ensure information contained is detailed and accurate.

We identified the service was not compliant with: the safe storage of clinical waste.

These are serious matters and resulted in the issue of a non compliance notice to the service. At the time of publication of this report, HIW received sufficient assurance of the actions taken to address the improvements needed. Further details can be found in Appendix B.

## 3. What we found

### **Background of the service**

Brecon Road Dental Surgery provides services to patients in the Abergavenny area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes three dentists one of whom is the registered manager, four dental nurses and a receptionist.

The practice provides a range of NHS and private general dental services.



## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

Overall, we found Brecon Road Dental Surgery was committed to providing a positive experience for patients. Over half of the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent.

The surgeries were located on the ground floor, which enabled patients with a mobility difficulty to be treated at the practice.

Patients told us that they were able to get an appointment when they needed it.

There were systems in place for patients to provide feedback about the service which provides the practice with a means of identifying themes for improvement from a patient perspective.

The practice needs to ensure patients' dignity and privacy are better protected when receiving treatments.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 40 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; the vast majority of the patients who completed a questionnaire said that they would rate the service provided by the practice as 'excellent' or 'very good'. Patient comments included:

*"Fantastic staff from the receptionist to the dentist, can't fault them"*

*"Very friendly and approachable. Reception staff are excellent and recognise you when you attend and there is always a jovial atmosphere"*

*"Dentist explains in depth reason for action taken"*

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patient comments included:

*“More front-line staff would improve any pressures”*

*“Reduce waiting times”*

*“Later appointment times”*

## **Staying healthy**

### **Health promotion protection and improvement**

All of the patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

We saw health promotion information was available in the waiting area, including practice specific information leaflets and a selection of other leaflets providing information about private treatments and smoking cessation. However, we recommended that additional written information on maintaining good oral hygiene for both children and adults is also made available within the waiting area for patients to read and take away.

#### **Improvement needed**

The practice must provide patients with a selection of written information on how children and adults can best maintain good oral hygiene, including leaflets about treatments and preventative advice.

## **Dignified care**

Every patient who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. We observed staff speaking to patients in a friendly but respectful and professional manner.

We saw that surgery doors remained closed during treatments. However, one of the surgeries had a patio style door containing transparent glass which provided passers-by with a direct view into the surgery. We recommended that the transparent glass is covered or replaced with a non-transparent material.

Staff were able to hold private conversations with patients within the dental surgeries (if empty) or in an area upstairs, away from the reception and waiting areas.

The General Dental Council's (GDC) 9 principles were displayed in both surgeries in line with the Private Dentistry (Wales) Regulations 2017 to ensure patients were aware of the standards of care they should receive from dental professionals. We suggested moving this to a notice board in the waiting area so it was visible to all patients.

#### Improvement needed

The service needs to cover or replace the transparent glass of the patio style doors to ensure patient privacy and confidentiality.

#### Patient information

All of the patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. Each patient also said they had received clear information about available treatment options. Where applicable, all but two of the patients said the cost was always made clear to them before they received any treatment.

We saw that charges for NHS dentistry were on display for patients in the waiting area, however, the price list for private treatments was kept behind the reception desk. We recommended that this be displayed on one of the notice boards in the reception area to ensure costs are clearly visible to patients before receiving any treatment.

We found that there were sufficient systems in place to ensure the security of patient information. Paper files were kept securely in locked cabinets behind the reception desk.

A sign displaying the practice name, telephone number, opening hours and names of the dentists was located on the front of the building of the dental practice. The names and relevant qualifications of the dental team were displayed in the waiting area in accordance with professional guidelines.

#### Improvement needed

The service needs to display the price list for private treatments in a prominent position within the practice to ensure that costs are clearly visible before treatments are performed.

## Communicating effectively

All but one of the patients who completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language.

We were told that one dentist spoke fluent Welsh and so any patient requesting to speak Welsh would be booked with them. There was a sign to inform patients of a bi-lingual service displayed in the waiting area. This made it clear that patients can request to speak in their chosen language.

Some information was displayed in both English and Welsh. In addition, staff told us that if patients required written information in Welsh or another language, they would try to arrange this.

## Timely care

The practice endeavours to provide dental care in a timely manner and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times. All of the patients who completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get an appointment when they needed it.

The vast majority of patients who completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem. An out of hours telephone number was displayed on the front of the dental practice and emergency appointment information was listed within the patient information leaflet.

## Individual care

### Planning care to promote independence

All but one of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. However, within the patient records we reviewed, there was a lack of evidence of dentists signing each patient's medical history at each visit. We recommended that the service put a process in place to ensure that medical histories are checked and signed by the practitioner before each treatment.

We reviewed the statement purpose and found it to contain all the relevant information in accordance with the Private Dentistry (Wales) Regulations 2017. The treatments and services offered by the practice were in accordance with their statement of purpose.

### Improvement needed

The service must put processes in place to ensure medical histories are checked and signed before undertaking any treatment.

### People's rights

We noted that the practice had a dedicated equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

There was no car park, but parking was available on streets nearby. The practice was accessible from the street for people with mobility difficulties. The waiting and reception areas and two surgeries were located on the ground floor. Doorways into the building and surgeries were wide enough to accommodate mobility aids and/or pushchairs.

The patient toilet was located on the first floor and was clearly signposted. The toilet provided hand washing and drying facilities. However, due its location on the first floor it was not accessible for patients who used wheelchairs. We therefore recommend that the patient information leaflet is updated to clearly state that the toilet facilities are not suitable for wheelchair users, and provide copies to HIW.

### Improvement needed

The service needs to update the statement of purpose and patients information leaflet to clearly state that the toilet facilities are not suitable for wheelchair users, and provide copies to HIW.

### Listening and learning from feedback

The practice had a complaints policy and procedure in place. However, the service needs to update this to include contact details of HIW. Information for patients on how to raise a concern was displayed in the waiting areas and the

patient information leaflet. The NHS Wales Putting Things Right information<sup>1</sup> was not displayed. As the service provides treatments for NHS patients we recommend that this policy is displayed clearly where patients can view it.

We saw that paper feedback forms were available in the waiting area for patients to provide positive comments about their experience or to make suggestions on how the practice could improve the service it provides. The feedback box was located on the reception desk and we suggested moving this to the waiting area so that patients can provide anonymous feedback. We were told that patient comments are monitored and discussed as a team.

#### Improvement needed

The service needs to update the complaints policy to include the contact details for HIW.

The service needs to display the 'NHS Putting Things Right' complaints procedure.

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<sup>1</sup> <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

The practice was clean, safe and secure and the premises were in a good state of repair both internally and externally.

There were relevant policies and procedures in place for the safe and effective care of patients.

The patient records we reviewed highlighted areas where improvement must be made to ensure that all information regarding each patient is recorded.

### Safe care

Our concerns regarding the safe storage of clinical waste were dealt with under our non-compliance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

### Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and wellbeing of staff and visitors to the practice. The practice had various policies, procedures and risk assessments in place to ensure the premises were safe and fit for purpose.

The practice occupied a converted house which was located in a residential area. Staff and patient areas occupied two floors. Two surgeries, the reception/waiting area and patient toilet were located on the ground floor. The two surgeries were modern and well equipped. The staff toilet, staff kitchen and dining room; and store room were on the first floor. Located on the first floor was also a lockable room where staff could change and store personal belongings.

The building appeared well maintained both internally and externally. The reception and waiting area was welcoming and bright and we saw that all areas of the practice were clean, tidy and free from obvious hazards. There were no concerns given by patients over the cleanliness of the dental practice; every

patient who completed a questionnaire felt that, in their opinion, the dental practice was 'very clean' or 'fairly clean'.

We saw appropriate fire extinguishers were available at various locations around the building and noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. We were told that fire training was carried out in house. We recommended that the appointed fire safety officer must undertake training by a fire safety expert and ensure staff at the practice know about the correct procedures to follow in the event of a fire and how to spot potential fire hazards. On the day of the inspection the Registered Manager arranged this training for all staff to attend and proof of this had been sent to HIW.

Emergency exits were signposted and a no smoking sign was displayed which reminds staff and patients of the smoke free premises legislation<sup>2</sup>. A Health and Safety poster telling staff what they need to do to ensure their health and safety in the workplace was displayed within the practice.

Staff could change in the staff room upstairs which had a lockable door to protect their privacy and dignity. Facilities were also available for staff to securely store their personal possessions as required by the regulations.

The practice had a resuscitation policy in place and all staff were up to date regarding their cardiopulmonary resuscitation (CPR)/emergency resuscitation training. The practice had five named, appointed first aiders all of whom had received correct training. The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>3</sup>.

A business continuity policy and disaster recovery strategy was in place but we recommend the practice develop these further to include the emergency contact

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<sup>2</sup> The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

<sup>3</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.



details of all staff and essential business contractors to avoid confusion in the case of an emergency.

The appointed fire safety officer must undertake training by a fire safety expert and ensure staff at the practice know about the correct procedures to follow in the event of a fire and how to spot potential fire hazards.

The practice needs to update its business continuity policy to include the emergency contact details of all staff and essential business contractors.

### **Infection prevention and control**

Overall, we found evidence that suitable infection prevention and control measures were in place and were documented in an appropriate infection control policy. The practice had facilities in the surgeries for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>4</sup>.

Decontamination was performed in one of the two surgeries. However, the building had a number of rooms that could be utilised as a separate decontamination room. We advise that the registered manager consider this in future plans.

The practice undertook manual cleaning of dental instruments and we suggested that consideration should be given to using an ultrasonic or washer disinfectant to help improve the decontamination process and be more in keeping with best practice and current decontamination guidance. We saw that boxes used to transfer dental instruments were labeled and colour coded to mitigate the risk of the non-sterile instruments getting mixed up with the sterile ones. Personal protective equipment was available however we were not assured that this was always being used. The service informed us that they receive support from the local Occupational Health department for relevant vaccinations and in the event of a sharps injury.

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<sup>4</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

We saw records evidencing acceptable Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from the risk of blood borne virus.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We mentioned earlier in this report that hazardous (clinical) waste was not being stored securely within the practice which resulted in a non-compliance notice being issued. However, we have since received assurance that this issue has been resolved. Collections by the local council were in place for the disposal of non-hazardous (household) waste.

We noted that the service did not have a designated infection control lead. We advised that the practice appoint a clinician with the responsibility to support staff on matters concerned with Infection Prevention and Control (IPC) and become a role model initiating best practice in IPC. This person would need to be trained appropriately for the role.

The service needs to develop a written policy detailing the specific checks that are required to take place to ensure correct decontamination and storage of equipment.

### **Medicines management**

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment was available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Emergency drugs kept in the practice were seen to be stored correctly for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried out and expired medicines and equipment replaced

in accordance with the Resuscitation Council (UK)<sup>5</sup>. We saw that oxygen was being checked on a weekly basis.

The practice did not have a policy in place relating to medicines management. We recommended developing a policy relating to the ordering, recording, administration and supply of medicines to patients.

First aid kits were also available at the practice, all of which contained appropriate items that were in date. The practice had two appointed first aiders both of whom had appropriate first aid training.

#### Improvement needed

The service needs to develop a medicines management policy relating to the ordering, recording, administration and supply of medicines to patients.

#### Safeguarding children and adults at risk

The practice had a safeguarding policy in place for the protection of children and vulnerable adults which contained procedures for staff to follow in the event of any safeguarding concerns. The policy included contact details for staff to report any concerns to the relevant local safeguarding agencies.

Staff told us that they would initially discuss any safeguarding concerns with the registered manager. We identified that one staff member had not undertaken recent training in the safeguarding of children and vulnerable adults. The practice must ensure that all staff are appropriately trained to level 2.

Staff were aware of the All Wales Child Protection Procedures 2008, which sets out the national guidelines for safeguarding children and promoting their welfare across Wales.

Staff told us about the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included obtaining

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<sup>5</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

references from previous employers and undertaking Disclosure and Barring Service (DBS) checks to ensure the person is fit to work in a dental practice in accordance with the regulations.

#### Improvement needed

The practice needs to ensure all staff are trained to level 2 in the safeguarding of children and vulnerable adults.

### Medical devices, equipment and diagnostic systems

We inspected the clinical facilities at the practice and found that the dental equipment in both dental surgeries had been well maintained and was in good condition. We saw that the surgery contained appropriate equipment for ensuring the safety of patients and the dental team. However, we advised the service develop an inventory of equipment containing full details of each piece of medical devices to include make, model and serial numbers.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We saw the local rules were displayed near the X-ray equipment to identify the key working instructions and to ensure that exposure to staff is restricted. However, we saw that the acid used to manually develop radiographs was stored on the floor in the staff kitchen area. We recommend that this is stored safely in line with COSHH regulations<sup>6</sup>.

We saw training certificates demonstrating that the dentists had up to date ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. However, we saw evidence that on occasions nurses were grading radiographs and recommended that this must only be performed by the dentists.

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<sup>6</sup> <http://www.hse.gov.uk/coshh/>

### Improvement needed

The service needs to store the bottles of acid safely in line with COSHH regulations.

The service needs to stop the practice of allowing nurses to grade radiographs.

## Effective care

### Safe and clinically effective care

There was no evidence that the service was carrying out routine audits of infection control. We recommend that the practice carry out a wide range of audits. This is explained in more detail later in the report.

The practice had appropriate arrangements set out within the statement of purpose for the acceptance, assessment, diagnosis and treatment of patients. The practice also had a range of policies available to support these functions.

We found evidence throughout the course of the inspection that professional, regulatory and statutory guidance such as NICE guidelines, were given due consideration and were followed where appropriate.

### Quality improvement, research and innovation

We found evidence of only one clinical audit ongoing and we recommend that further audits are undertaken and implemented as they are central to effective quality assurance. For example these should include, but not limited to, smoking cessation, Infection Prevention and Control and Anti-microbial prescribing. To support this the practice should also develop a policy setting out the arrangements for clinical audit as required by the regulations.

We were told that the practice was not using any practice development tools such as the Health Education Improvement Wales Maturity Matrix Dentistry practice development tool or the BDA good practice guide. These development tools encourages the team to focus on best practice and legislative requirements and on how they work. We advised the practice manager that the practice should consider using a development tool, to further enhance the quality of care for patients.

### Improvement needed

The service needs to undertake a comprehensive programme of audits to ensure effective quality assurance.

The service also needs to develop a policy setting out the arrangements clinical audit as required by the regulations.

### Information governance and communications technology

The practice had a records management policy in place that set out procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulation (GDPR).

Patient records were paper and stored in locked cabinets behind the reception desk. We saw that old paper patient records were being kept in line with relevant retention guidelines and securely stored to prevent unauthorised access.

### Record keeping

We reviewed a sample of patient records and saw that they did not contain a contemporaneous and accurate note of all assessment, treatment planning and treatment provided. We recommended that the way treatment is recorded in patient records is significantly improved. This is because the patient records we reviewed:

- were unclear and difficult to understand
- did not contain comprehensive radiography frequency or documentation that follows Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) guidelines
- did not contain justification for the reasons why X-rays were not being taken
- did not contained sufficient evidence of treatments provided
- did not contain accurate justification of antibiotic prescribing.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

We found that the registered manager has been committed to improving the care provided to patients.

Staff worked well together and had received the necessary training for their roles and responsibilities.

A wide range of policies and procedures were in place to ensure the safety of staff and patients, but a small number policies needed to be created to comply fully with the regulations.

## Governance, leadership and accountability

Brecon Road Dental Surgery is owned by the principal dentist, who is both the responsible individual<sup>7</sup> and registered manager<sup>8</sup>. They are supported by a wider team of clinical staff.

We found the practice to have good leadership and clear lines of accountability. We observed staff working well together, evidenced by their interaction with patients and their co-operation and demeanour throughout the inspection process.

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<sup>7</sup> A responsible individual means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry (Wales) Regulations 2017).

<sup>8</sup> A registered manager means a person who is registered under the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

The practice might wish to consider making use of the Health Education and Improvement Wales Maturity Matrix Dentistry<sup>9</sup> practice development tool which encourages the dental practice team to work together to identify key areas for improvement based on professional guidelines and on legislative requirements.

We have noted throughout this report the small number of policies that need to be created by the practice to comply with the regulations. However, we found a wide range of policies and procedures were in place to ensure the safety of both staff and patients. We saw that policies had been regularly reviewed in line with the regulations and that staff had signed to confirm that they had read and understood each policy.

The principal dentist confirmed that they were aware of their duties as registered manager regarding notifications that must be sent to HIW under the regulations such as in the event of serious injury to patients.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We noted that certificates were on display evidencing that the practice had public liability insurance and that the practice was legally registered to provide dental services as required by the regulations.

We saw that the practice had a statement of purpose in place which contained most all of the information required by the regulations. However, this required certain updates which have been mentioned earlier in the report. The document also required reviewing as the last date of review was two years ago in 2017.

#### Improvement needed

The Statement of Purpose requires reviewing annually in line with the regulations.

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<sup>9</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>



## Staff and resources

### Workforce

We saw that the service had appropriate governance arrangements in place. Staff had a contract of employment and a job description setting out their roles and responsibilities and these were retained on staff files. New members of staff are given an induction training programme that followed British Dental Association guidelines. The service had a comprehensive staff recruitment, induction and retention policy in place.

All staff had access to training opportunities and we saw certificates for staff that evidenced they had attended training on a range of topics relevant to their roles to help meet their continuing professional development (CPD) requirements.

The registered manager told us that appraisals with all members of staff will take place later in the year to provide feedback to staff about their performance and to review any CPD opportunities.

Practice meetings are held at least once a month to allow staff to identify lessons learned and provide an opportunity for staff to raise any issues they may have. The registered manager told us that they make informal notes on what has been discussed. We advise formalising the staff meetings and taking minutes to be sent to all staff to ensure any absent members are aware of what was discussed.

The regulations require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for both clinical and non-clinical staff to help ensure the safety of patients and staff.

We were told that the practice manages to maintain an appropriate number of qualified staff working at the practice at all times without having to employ temporary locum dental nurses. A recruitment policy was in place that set out the process to follow to recruit potential new members of staff and included appropriate pre-employment checks the practice would undertake to ensure new staff are suitably qualified and protected to work with patients.

Should a situation arise whereby temporary staff are the required the registered manager informed us that they ensure temporary staff are suitably trained by requesting that they arrive at the practice with their CPD files. The registered manager told us that thorough handovers are given in order that the use of temporary staff does not impact on continuity of care.

## 4. What next?

Where we have identified improvements and immediate non compliance issues during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we issued a non compliance notice asking the service to tell us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks' notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 2017](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
There were no immediate concerns identified at this inspection			

## Appendix B – Immediate improvement plan

**Service:** Brecon Road Dental Surgery

**Date of inspection:** 16 September 2019

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
Clinical waste was not being stored securely posing a risk to staff and patients.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(5)(a) and 13(5)(b)	The clinical waste was collected on the 17th of September  The practice has increased the frequency of clinical waste collection.  See uploaded service contract	Miriam Stanton	Completed on 16/09/19 pm

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative: Miriam Stanton**

**Name (print): Miriam Stanton**

**Job role: Dentist/Manager**

**Date: 17/9/19**

## Appendix C – Improvement plan

**Service:** Brecon Road Dental Surgery

**Date of inspection:** 16 September 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard Regulation	/ Service Action	Responsible Officer	Timescale
<b>Quality of the patient experience</b>				
The service needs to display more information on how children and adults can maintain good oral hygiene.	Health & Care Standards 1.1	More information on how children and adults can maintain good oral hygiene has been sourced for our patients	Miriam Stanton	Completed October 2019

Improvement needed	Standard Regulation	/ Service Action	Responsible Officer	Timescale
<p>The practice needs to ensure that the transparent glass doors in the dental surgery is covered or replaced with a non-transparent material in order to maintain patient confidentiality.</p>	<p>Health and Care Standards 2015 Standard 2.1 Private Dentistry (Wales) Regulations 2017 Regulation 15(1)</p>	<p>The patio doors have been covered with a non-transparent material to ensure patient privacy is protected and confidentiality is maintained,</p>	<p>Miriam Stanton</p>	<p>Completed September 18th 2019 following HIW inspection</p>
<p>The service needs to display the price list for private treatments in a prominent position within the practice.</p>	<p>Private Dentistry (Wales) Regulations 2017 Reg 6(3)</p>	<p>Private price list now displayed in a prominent position and available in surgeries .</p>	<p>Miriam Stanton</p>	<p>Completed 17th September 2019 following HIW inspection.</p>



Improvement needed	Standard Regulation	/ Service Action	Responsible Officer	Timescale
The service must put processes in place to ensure medical histories are checked and signed before undertaking any treatment.	Private Dentistry (Wales) Regulations 2017 Reg 20(a)(ii)	All medical histories are being checked and signed before treatment is undertaken.	Miriam Stanton	In place from the 17th September 2019 following HIW inspection.
The service needs to update the Statement of Purpose and Patients Guide to include how patients with mobility issues can access the practice. This should state that the toilet facilities are not suitable for wheelchair users, and provide copies to HIW.	Private Dentistry (Wales) Regulations 2017 Reg 6(1)(2) & Schedule 2(6)	Statement of purpose has been updated.	Miriam Stanton	Completed October 2019.

## Delivery of safe and effective care

Improvement needed	Standard / Regulation	Service Action	Responsible Officer	Timescale
The appointed fire safety officer must undertake training by a fire safety expert and ensure staff at the practice know about the correct procedures to follow in the event of a fire and how to spot potential fire hazards.	Private Dentistry (Wales) Regulations 2017 Reg 22(4)(c)	Fire training was carried out on the 16th of October this included Fire Marshall training for all staff present as the majority of staff are part time. This ensures that there is always a fire safety officer on site.	Miriam Stanton	Completed on the 16th October 2019
The practice needs to update its business continuity policy to include the emergency contact details of all staff and essential business contractors.	Private Dentistry (Wales) Regulations 2017 Regulation 8(o)	Business continuity plan updated.	Miriam Stanton	Completed October 2019

Improvement needed	Standard Regulation /	Service Action	Responsible Officer	Timescale
<p>The registered manager must ensure all staff receive sufficient training in the safeguarding of children and adults.</p>	<p>Private Dentistry (Wales) Regulations 2017 Reg 14(1)(b)</p>	<p>Checks have been made to ensure that all staff have sufficient training in safeguarding of children and adults.</p> <p>One member of staff has completed further training since the HIW inspection to meet the requirements.</p>	<p>Miriam Stanton</p>	<p>Completed but ongoing as the current guidelines are that training needs to be completed every 3 years</p>
<p>The service needs to develop a medicines management policy relating to the ordering, recording, administration and supply of medicines to patients.</p>	<p>Private Dentistry (Wales) Regulations 2017 Reg 8(l)</p>	<p>A medicines management policy has been developed.</p>	<p>Miriam Stanton</p>	<p>Completed October 2019</p>

Improvement needed	Standard Regulation	/ Service Action	Responsible Officer	Timescale
<p>The service needs to store the bottles of acid safely in line with COSHH regulations.</p> <p>The service needs to ensure that on no occasion nurses should be grading radiographs.</p>	<p>COSHH Regulations 2002</p> <p>Private Dentistry (Wales) Regulations 2017</p> <p>Reg 13 (2)(b)</p>	<p>The waste acid is stored safely in line with COSHH regulations.</p> <p>Radiographs are graded by the dentists.</p>	<p>Miriam Stanton</p>	<p>Complete September 2019 following recommendations made by HIW</p>
<p>The practice must put a buildings maintenance policy in place to ensure the premises is safe and fit for purpose.</p>	<p>Private Dentistry (Wales) Regulations 2017</p> <p>Reg 8</p>	<p>Buildings maintenance policy is in place.</p>	<p>Miriam Stanton</p>	<p>Completed September 2019</p>

Improvement needed	Standard Regulation /	Service Action	Responsible Officer	Timescale
<p>The service needs to complete further audits to ensure effective quality assurance.</p> <p>The service also needs to develop a policy setting out the arrangements clinical audit as required by the regulations.</p>	<p>Private Dentistry (Wales) Regulations 2017</p> <p>Reg 8(n) 16(2)(d)</p>	<p>The completed an antibiotic audit 2019. The practice completed a cross infection audit in September 2019 and is in the process of completing a smoking cessation audit. We have engaged with HEIW postgraduate department to complete further audits and to use the Wales Maturity Matrix Dentistry tool.</p>	<p>Miriam Stanton</p>	<p>Ongoing</p>
<p>The service must label the boxes used to transfer medical instruments as 'clean' and 'dirty' to avoid these getting mixed up.</p> <p>The service needs to develop a written policy detailing the specific checks that are required to take place to ensure correct</p>	<p>Private Dentistry (Wales) Regulations 2017</p> <p>Reg 13(3)(a)&amp;(b)</p>	<p>All boxes used for transporting dental instruments are labelled and colour coded so that there is no possibility of them getting mixed up.</p>	<p>Miriam Stanton</p>	<p>Already in place and ongoing.</p>

Improvement needed	Standard Regulation	/ Service Action	Responsible Officer	Timescale
decontamination and storage of equipment.				
The service needs to improve the quality of patient records in order to meet the criteria set out in the regulations.	Private Dentistry (Wales) Regulations 2017 Reg 20(1)(a)	All clinicians aware that records must be maintained for accuracy and clarity to ensure the quality meets the criteria set out in the regulations	Miriam Stanton	Completed.but ongoing review to be carried out.

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

### Service representative

**Name (print):** Miriam Stanton

**Job role:** Practice manager

**Date:** 8/11/19